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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

123 03936 US

First Named Inventor

Gary K. Burma

**COMPLETE IF KNOWN**

Application Number

t.b.d.

Filing Date

06/25/2003

Art Unit

t.b.d.

Examiner Name

t.b.d.

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CROSS-DIRECTION ACTUATOR AND CONTROL SYSTEM WITH ADAPTIVE  
FOOTPRINT***(Title of the Invention)*

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                          |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  |         |                                     |                          | YES                      | NO                       |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒Customer Number  
or Bar Code LabelOR ☐

Correspondence address below

**128**Anthony Miologos  
Honeywell International Inc.  
Name

PATENT TRADEMARK OFFICE

101 Columbia Road  
Address POB 2245Morristown  
CityNew Jersey  
State07962  
ZIPU.S.A.  
Country602-313-5683  
Telephone602-313-4559  
Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name Gary K.  
(first and middle [if any])Family Name Burma  
or SurnameInventor's  
Signature

Date

Oct 21, 2003

West Vancouver  
Residence: CityBrit. Col.  
StateCanada  
CountryCanada  
Citizenship

5059 Pinetree Crescent

Mailing Address

West Vancouver  
CityBrit. Col.  
StateV7W 3B5  
ZIPCanada  
Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Family Name  
or SurnameInventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the \_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

This form is a **R** eplacement of PTO/SB/17 (11/01)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

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|---|----------------------|---------------|
| <div style="text-align: center; font-weight: bold; font-size: 1.2em;">             FREE TRANSMITTAL<br/>For FY 2003           </div> <p style="font-size: 0.8em;">Recent fees are subject to annual revision.</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 /CFR 1.27.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>TOTAL AMOUNT OF PAYMENT</b>     \$130.00         </div> | COMPLETE IF KNOWN    |               |
|   | Application No.      | 10/608,467    |
|   | Filing Date          | 6/25/2003     |
|   | First Named Inventor | Gary K. Burma |
|   | Group Art Unit       | 1731          |
|   | Examiner Name        | t.b.d.        |
| Attorney Docket No.   |                      | 123 03936 US  |

| METHOD OF PAYMENT (check all that apply)   | FEE CALCULATION (continued)  |                              |              |  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
|--|--|------------------------------|--------------|--|-----------------|-----------------|----------|----------|----------|----------|--------|------|------|------|--------------------|-------------------------------------|--------|------|------|------|-------------------|--|------|------|------|------|------------------|---------------------------|------|------|-------|------|--------------------|--|------|------|------|------|------------------------|--|------------------------------|------|--------|------|--------|---|--------------|------|--------------|------|-----------------|--|----------|--------|----------|--------|------|---|------|------|------------------------|------|------|--|------|------|-----------------------------------|------|------|---|------|------|--------------------------|------|------|--|------|------|---|------|------|------------------|------|------|---|------|------------------------------|--|--|------|-----|------|---|--------------------------|--|--------------|-------|-----------------|----------|---|--------|----------|--------|------|----|----------------------------------|---|------------------------|-------|------|-----|------------------------------------|----|-----------------------------------|-------|------|-----|--------------------------------|-----|--------------------------|-----|------|-----|------------------|----|---|-----|------|-----|-----------------|---|---|-----|------------------------------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|--|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|------|-----|------|-----|-----------------|--|---------------------------|--|--|--|--|--|------------------------------|--|------------------------------|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> Deposit Account<br>Deposit Account Number: <u>01-1125</u><br>Deposit Account Name: <u>Honeywell International Inc.</u><br>The Commissioner is hereby authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayment<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account  | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>3. ADDITIONAL FEES</b> <table style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2" style="text-align: left;">Large Entity</th> <th colspan="2" style="text-align: left;">Small Entity</th> <th rowspan="2" style="text-align: left;">Fee Description</th> <th rowspan="2" style="text-align: right;">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee \$</th> <th>Fee Code</th> <th>Fee \$</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td style="text-align: right;">130.00</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,250</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td>1504</td><td>300</td><td>1504</td><td>300</td><td>Publication fee</td><td></td></tr> <tr><td colspan="6" style="padding-top: 10px;">Other fee (specify) _____</td></tr> <tr> <td colspan="2" style="text-align: right; padding-top: 10px;"> <b>SUBTOTAL (1)</b>     \$ - 0 -         </td> <td colspan="4" style="text-align: right; padding-top: 10px;"> <b>SUBTOTAL (3)</b>     \$130.00         </td> </tr> </tbody> </table> </div> | Large Entity                 |              | Small Entity   |                 | Fee Description | Fee Paid | Fee Code | Fee \$   | Fee Code | Fee \$ | 1051 | 130  | 2051 | 65                 | Surcharge - late filing fee or oath | 130.00 | 1052 | 50   | 2052 | 25                | Surcharge - late provisional filing fee or cover sheet |      | 1053 | 130  | 1053 | 130              | Non-English specification |      | 1812 | 2,520 | 1812 | 2,250              | For filing a request for <i>ex parte</i> reexamination |      | 1804 | 920* | 1804 | 920*                   | Requesting publication of SIR prior to Examiner action |                              | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |              | 1251 | 110          | 2251 | 55              | Extension for reply within first month |          | 1252   | 410      | 2252   | 205  | Extension for reply within second month |      | 1253 | 930                    | 2253 | 465  | Extension for reply within third month |      | 1254 | 1,450                             | 2254 | 725  | Extension for reply within fourth month |      | 1255 | 1,970                    | 2255 | 985  | Extension for reply within fifth month |      | 1401 | 320   | 2401 | 160  | Notice of Appeal |      | 1402 | 320   | 2402 | 160                          | Filing a brief in support of an appeal |  | 1403 | 280 | 2403 | 140   | Request for oral hearing |  | 1451         | 1,510 | 1451            | 1,510    | Petition to institute a public use proceeding |        | 1452     | 110    | 2452 | 55 | Petition to revive - unavoidable |   | 1453                   | 1,300 | 2453 | 650 | Petition to revive - unintentional |    | 1501                              | 1,300 | 2501 | 650 | Utility issue fee (or reissue) |     | 1502                     | 470 | 2502 | 235 | Design issue fee |    | 1503  | 630 | 2503 | 315 | Plant issue fee |   | 1460  | 130 | 1460                         | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR 1.129(b)) |  | 1801 | 750 | 2801 | 375 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | 1504 | 300 | 1504 | 300 | Publication fee |  | Other fee (specify) _____ |  |  |  |  |  | <b>SUBTOTAL (1)</b> \$ - 0 - |  | <b>SUBTOTAL (3)</b> \$130.00 |  |  |  |
| Large Entity   |  | Small Entity                 |              | Fee Description  | Fee Paid        |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| Fee Code   | Fee \$   | Fee Code                     | Fee \$       |  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1051   | 130  | 2051                         | 65           | Surcharge - late filing fee or oath  | 130.00          |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1052   | 50   | 2052                         | 25           | Surcharge - late provisional filing fee or cover sheet                     |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1053   | 130  | 1053                         | 130          | Non-English specification  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1812   | 2,520  | 1812                         | 2,250        | For filing a request for <i>ex parte</i> reexamination                     |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1804   | 920*   | 1804                         | 920*         | Requesting publication of SIR prior to Examiner action                     |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1805   | 1,840*   | 1805                         | 1,840*       | Requesting publication of SIR after Examiner action                        |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1251   | 110  | 2251                         | 55           | Extension for reply within first month                                     |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1252   | 410  | 2252                         | 205          | Extension for reply within second month                                    |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1253   | 930  | 2253                         | 465          | Extension for reply within third month                                     |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1254   | 1,450  | 2254                         | 725          | Extension for reply within fourth month                                    |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1255   | 1,970  | 2255                         | 985          | Extension for reply within fifth month                                     |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1401   | 320  | 2401                         | 160          | Notice of Appeal   |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1402   | 320  | 2402                         | 160          | Filing a brief in support of an appeal                                     |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1403   | 280  | 2403                         | 140          | Request for oral hearing   |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1451   | 1,510  | 1451                         | 1,510        | Petition to institute a public use proceeding                              |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1452   | 110  | 2452                         | 55           | Petition to revive - unavoidable   |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1453   | 1,300  | 2453                         | 650          | Petition to revive - unintentional   |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1501   | 1,300  | 2501                         | 650          | Utility issue fee (or reissue)   |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1502   | 470  | 2502                         | 235          | Design issue fee   |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1503   | 630  | 2503                         | 315          | Plant issue fee  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1460   | 130  | 1460                         | 130          | Petitions to the Commissioner  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1807   | 50   | 1807                         | 50           | Processing fee under 37 CFR 1.17(q)  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1806   | 180  | 1806                         | 180          | Submission of Information Disclosure Statement                             |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 8021   | 40   | 8021                         | 40           | Recording each patent assignment per property (times number of properties) |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1809   | 750  | 2809                         | 375          | Filing a submission after final rejection (37 CFR 1.129(a))                |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1810   | 750  | 2810                         | 375          | For each additional invention to be examined (37 CFR 1.129(b))             |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1801   | 750  | 2801                         | 375          | Request for Continued Examination (RCE)                                    |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1802   | 900  | 1802                         | 900          | Request for expedited examination of a design application                  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1504   | 300  | 1504                         | 300          | Publication fee  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| Other fee (specify) _____  |  |                              |              |  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| <b>SUBTOTAL (1)</b> \$ - 0 -   |  | <b>SUBTOTAL (3)</b> \$130.00 |              |  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>1. 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EXTRA CLAIM FEES</b> <table style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2" style="text-align: left;">Large Entity</th> <th colspan="2" style="text-align: left;">Small Entity</th> <th rowspan="2" style="text-align: left;">Fee Description</th> <th rowspan="2" style="text-align: right;">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee \$</th> <th>Fee Code</th> <th>Fee \$</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="6" style="padding-top: 5px;"><b>SUBTOTAL (2)</b>     \$ - 0 -</td></tr> </tbody> </table> <p style="font-size: 0.7em; margin-top: 5px;">**number previously paid, if greater; see above for Reissues</p> </div> | Large Entity   |                              | Small Entity |  | Fee Description | Fee Paid        | Fee Code | Fee \$   | Fee Code | Fee \$   | 1001   | 750  | 2001 | 375  | Utility Filing Fee |                                     | 1002   | 330  | 2002 | 165  | Design Filing Fee |  | 1003 | 520  | 2003 | 260  | Plant Filing Fee |                           | 1004 | 750  | 2004  | 375  | Reissue Filing Fee |  | 1005 | 160  | 2005 | 80   | Provisional Filing Fee |  | <b>SUBTOTAL (1)</b> \$ - 0 - |      |        |      |        |   | Large Entity |      | Small Entity |      | Fee Description | Fee Paid                               | Fee Code | Fee \$ | Fee Code | Fee \$ | 1202 | 18                                      | 2202 | 9    | Claims in excess of 20 |      | 1201 | 84                                     | 2201 | 42   | Independent claims in excess of 3 |      | 1203 | 280                                     | 2203 | 140  | Multiple dependent claim |      | 1204 | 84                                     | 2204 | 42   | **Reissue independent claims over original patent |      | 1205 | 18               | 2205 | 9    | **Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> \$ - 0 - |  |  |      |     |      | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>2. 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| Large Entity   |  | Small Entity                 |              | Fee Description  |                 |                 | Fee Paid |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| Fee Code   | Fee \$   | Fee Code                     | Fee \$       |  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1001   | 750  | 2001                         | 375          | Utility Filing Fee   |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1002   | 330  | 2002                         | 165          | Design Filing Fee  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1003   | 520  | 2003                         | 260          | Plant Filing Fee   |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1004   | 750  | 2004                         | 375          | Reissue Filing Fee   |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1005   | 160  | 2005                         | 80           | Provisional Filing Fee   |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| <b>SUBTOTAL (1)</b> \$ - 0 -   |  |                              |              |  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| Large Entity   |  | Small Entity                 |              | Fee Description  | Fee Paid        |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| Fee Code   | Fee \$   | Fee Code                     | Fee \$       |  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1202   | 18   | 2202                         | 9            | Claims in excess of 20   |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1201   | 84   | 2201                         | 42           | Independent claims in excess of 3  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1203   | 280  | 2203                         | 140          | Multiple dependent claim   |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1204   | 84   | 2204                         | 42           | **Reissue independent claims over original patent                          |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1205   | 18   | 2205                         | 9            | **Reissue claims in excess of 20 and over original patent                  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| <b>SUBTOTAL (2)</b> \$ - 0 -   |  |                              |              |  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| Large Entity   |  | Small Entity                 |              | Fee Description  | Fee Paid        |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| Fee Code   | Fee \$   | Fee Code                     | Fee \$       |  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1202   | 18   | 2202                         | 9            | Claims in excess of 20   |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1201   | 84   | 2201                         | 42           | Independent claims in excess of 3  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1203   | 280  | 2203                         | 140          | Multiple dependent claim   |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1204   | 84   | 2204                         | 42           | **Reissue independent claims over original patent                          |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| 1205   | 18   | 2205                         | 9            | **Reissue claims in excess of 20 and over original patent                  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |
| <b>SUBTOTAL (2)</b> \$ - 0 -   |  |                              |              |  |                 |                 |          |          |          |          |        |      |      |      |                    |                                     |        |      |      |      |                   |  |      |      |      |      |                  |                           |      |      |       |      |                    |  |      |      |      |      |                        |  |                              |      |        |      |        |   |              |      |              |      |                 |  |          |        |          |        |      |   |      |      |                        |      |      |  |      |      |                                   |      |      |   |      |      |                          |      |      |  |      |      |   |      |      |                  |      |      |   |      |                              |  |  |      |     |      |   |                          |  |              |       |                 |          |   |        |          |        |      |    |                                  |   |                        |       |      |     |                                    |    |                                   |       |      |     |                                |     |                          |     |      |     |                  |    |   |     |      |     |                 |   |   |     |                              |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |  |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |      |     |      |     |                 |  |                           |  |  |  |  |  |                              |  |                              |  |  |  |

|                     |                  |                                   |        |                          |              |
|---------------------|------------------|-----------------------------------|--------|--------------------------|--------------|
| <b>SUBMITTED BY</b> |                  |                                   |        | Complete (if applicable) |              |
| Name (Print / Type) | Anthony Miologos | Registration No. (Attorney/Agent) | 29,677 | Telephone                | 602-313-5683 |
| Signature           |                  |                                   |        | Date                     | 10/30/2003   |

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